


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90065 030 ***158.75

DOCUMENT # S81593 1. Entity Name WEST ORANGE SECRETARIAL SERVICES, INC.					
Principal Place of Business 140 W. PLANT STREET WINTER GARDEN, FL 34787			Mailing Address P.O. BOX 770068 WINTER GARDEN, FL 34777-0068		
2. Principal Place of Business - No P.O. Box # 121 W. PLANT STREET		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State WINTER GARDEN, FL		City & State 		4. FEI Number 59-3086330	
Zip 34787		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HECK, LOU 1333 E HWY 50 WINTER GARDEN, FL 34787			7. Name and Address of New Registered Agent Name JO ANN LACEY Street Address (P.O. Box Number is Not Acceptable) 121 W. PLANT ST. City WINTER GARDEN, FL Zip Code 34787		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Jo Ann Lacey</i></u> DATE <u>4/30/07</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LACEY, JO ANN 226 S HIGHLAND AVE WINTER GARDEN, FL 34787		<input type="checkbox"/> Delete		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Jo Ann Lacey</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/30/07</u>		Daytime Phone # <u>407/877-0505</u>
JO ANN LACEY, PRES./DIRECTOR					